	Date Survey conducted:		
*7	tion Month / Day / Year		
Applicant and/or Company Nat	Telephone:		
Applicant Address (print Street	Person submitting application:		
Company performing survey (p	Contact name (Survey company):		
Company performing survey ad	Telephone:		
Shipment consists of:			
Gross weight:	No. of axles	Distance first to last axle:	Overall length: Trailer length:
Front overhang:	Rear overhang:	Height (actual):	Width:

The CGVW and/or axle group weights cannot exceed the limits indicated on the Bridge Weight Limit Restriction map.

lbs.									
Ft'-in"	0			0	I O	I O	I O	I O	O I
Axles	1	2	3	4	5	6	7	8	9
lbs.									
Ft'-in"	0	0	0	0	0	0	0	0	0
Axles	10	11	12	13	14	15	16	17	18
Starting p	oint in Co	lorado:			Ending poi	nt in Colorado:			

REQUESTED ROUTE with Mile point references (attach additional sheets, as necessary)

(The routing must be complete, including all city streets and/or county roads for the proposed line of travel.)

Route verified to the latest Restrictions report for limitations that may affect the movement of this vehicle/load - www.dot.state.co.us/truckpermits/Restrictions.htm

Potential Staging location(s)

POTENTIAL GRADE CONFLICTS		CLEARANCE CONCERNS			
(i.e. railroad crossing, speed bumps, etc)		(attach Utility clearance letters, as needed)			
EMERGENCY CONTACT NUMBERS (keep available in case an incident occurs)					
LAW ENFORCEMENT	LAW ENFORCEMENT		UTILITIES		

I declare under penalty of perjury in the second degree, and any other applicable state or federal laws, that the statements made on this document are true and complete to the best of my knowledge.